

In This Issue:
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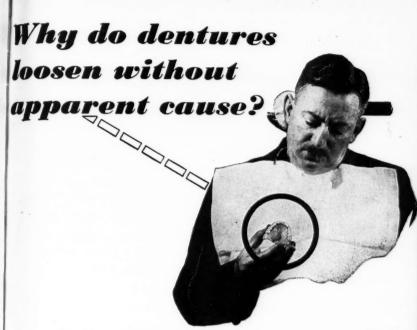




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A chief cause of this trouble for you and your patients has been eliminated. LUXENE 44 is not subject to harmful swelling from water absorption*; the result is the remarkable stability of LUXENE 44 dentures in the mouth.

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* For detailed data regarding the change in dimensions of denture base materials in water or saliva, see the A.D.A. Research Commission report, page 7, A.D.A., Journal, January 1942

Ask the dentist who prescribes

LUXENE 44



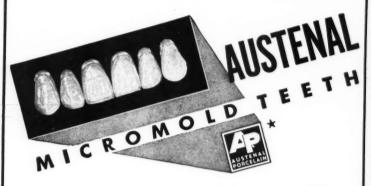
STANDARD DENTAL LABORATORIES

185 North Wabash Avenue CHICAGO, ILLINOIS

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"Lifelike as Natural Teeth"

Your patients' desire for truly natural-looking teeth is easily met when you prescribe Austenal Teeth. Austenal Teeth are made by the exclusive Micromold Process which assures the utmost in true anatomical details and naturalness because they are molded from nature's own teeth.



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TIME SAVING always ready, no waiting for
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SANITARY each patient receives a brand
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made principally of absorbent faced cotton with water-repellent backing.

DISPOSABLE -

as a napkin, or wipe, to clean and polish equipment and instruments. For patients to take home after extractions.

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The Publisher's Corner

By Mass

Number 289

"BUT, YET . . . HE MADE A THOUSAND FRIENDS"

JOHN BENNETT (whoever he is, or was) likely never knew Doctor Earle Craig, but he could have been thinking of Earle when he wrote, "But, yet . . . he made a thousand friends. Yes: and, by God! he kept them." The Bennett quotation was printed under Earle's picture in the souvenir program of "A Dinner Party for Earle Craig Given by His Friends in Dentistry." Perhaps it was erudite Doctor Tom McBride who chose the lines by Bennett. It was a happy choice; nothing could better describe the honor guest.

More than three hundred of Earle's friends were there, mainly dentists and their wives, along with a handful of us camp followers who, like your correspondent, live and work on the profession's fringe. We laymen always look with a spot of envy upon such an event, at the warm fraternal spirit of it. No customer-complex invades it; quite the contrary: at parties like this one for Earle, most of those attending are competitors, and many are competitors of the honor guest.

(Continued on page 1156)



ou can't do it—any more than you can match all natural gum shades with just one popular shade of "pink" denture material. DENSCO "Service" Acrylic Denture Material is supplied in six shades which stimulate buying interest on the part of the patient and enable the dentist to match all gum shades exactly as he would match tooth shades.

The DENSCO "Service" Shade Guide and Visualizer is the most important contribution to denture construction since the discovery of acrylics. Ask your salesman to show it to you!



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THE PUBLISHER'S CORNER

(Continued from page 1154)

It was a grand evening. The dinner at the University Club was pretty good, despite rationing. And the rigidly rationed speeches were just right: there were not too many; they were just long enough. Toastmaster Pat McParland blended them all with his Irish wit when he introduced Jimmy McNerney, W. D. McClelland, N. C. Ochsenhirt, secretary of the Allegheny County Medical Society, Ray Robb, president of the Odontological Society, and ORAL HYGIENE's editor, Ed Ryan. And Earle's response was perfect.

The occasion marked his recent election as president of the Pennsylvania State Dental Society, but it was more than that. It was an expression of the feeling that has been growing for years in the hearts of Earle's friends—an outpouring of deep friendship for a man who is so forthright and honest, so utterly incapable of dissembling, that his friendship is comfortable friendship, not just a pretty valentine sort of friendship, but solid and clear as a glass brick. That evening last week we were honoring a man too honest to seem to agree with you when he doesn't—"But yet . . . he made a thousand friends. Yes: and, by God! he kept them."

pl

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DUAL-PURPOSE IMPRESSION PASTE PERMANENT LINER

Solves Your Hot-Weather Mixing Problems

- Allows up to 30 seconds to complete the mix.
- Regardless of temperature, impression is controlled to be set 4 minutes from start of mix.
- May be used for displacement or non-displacement of tissues.
- Mixed paste is of a beautiful smooth, thin, creamy consistency.
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- Economical in cost. 1 package (enough for 12 to 15 impressions) \$3.00. Six packages, \$2.70 each.

Improved Again For Results; Simplicity, and Low Cost

- New simplified Technique requires only a few minutes chair time . . . patient dismissed immediately wearing denture.
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- Transparent . . . for perfect blending with the tint of the denture.
- \$8.00 per tube. Usually enough for 20 dentures, or 40c per Liner.

THERE IS NO COST OR RISK TO YOU in proving the efficiency and economy of these GETZ-400 products. Use them on several applications . . . with the privilege of returning unused portion to your dealer for full credit refund of entire purchase price.

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For a gentle, more efficient laxative, or thorough cathartic-direct your patients to dissolve SAL HEPATICA in a large glass (8 oz.) of water. Laxative Dose: 1 to 2 level tsps. Cathartic Dose: 4 level tsps.

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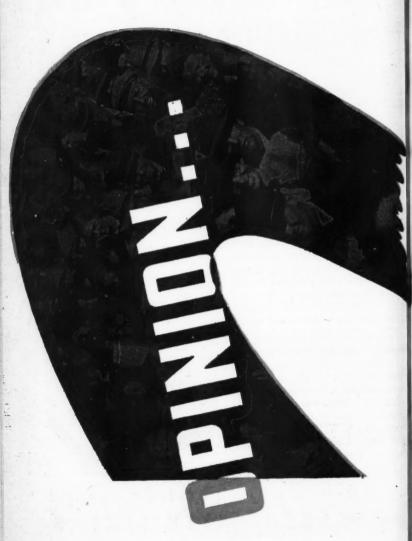
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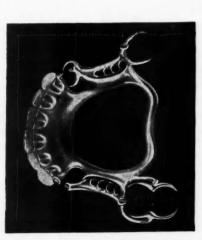
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It's opinion that counts. With DURAL-LIUM you can be assured of pleasing even your most fastidious patient. DURALLIUM, in the hands of the skilled technicians of the qualified DURALLIUM Laboratories, assures you of a perfect fitting cast restoration that will not change color, is abrasion-proof, acid-resistant and well tolerated by tissue.



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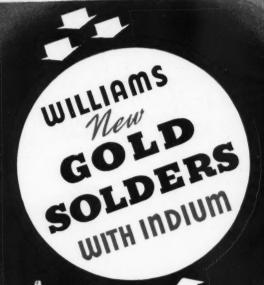
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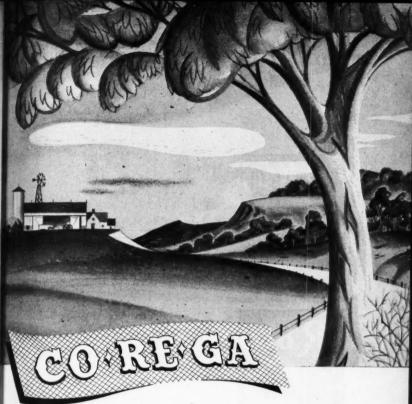




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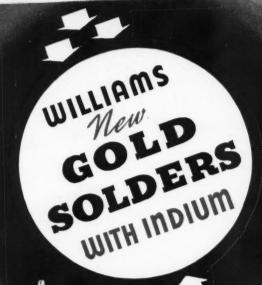
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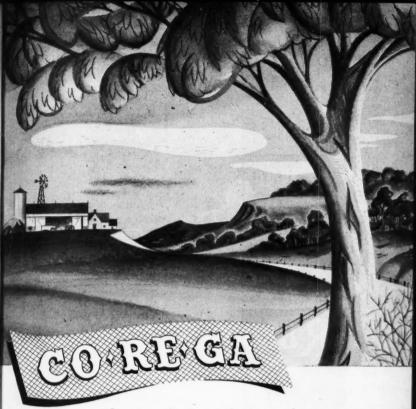




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A pure gold colored, very soft, burnish able alloy for occlusal and gingival in lays that will receive slight or moderate stress.

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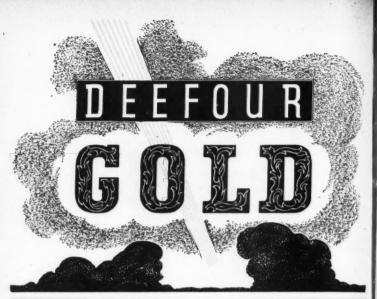
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FOR ACRYLIC FINISHING

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Here's a restoration that stood up for 42 years, yet is still as good as the day it was inserted. Except for a neglected distaï decay, which involved the pulp and necessitated the extraction, it could have gone on and on for many years more.

Note its margins. Note the condition of the contiguous tooth structure. Everything is intact and sound, with the cavity seal in no way impaired.

What but Gold Foil could repay so highly the operator's skill and the patient's money! Compared with a filling that lasts only ten years, or fifteen years, a Gold Foil is worth, then—as a matter of simple arithmetic – three times, and even four times, as much. Considering the ultimate worth of a live tooth, a Gold Foil is then truly priceless!

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POLIDENT is recommended by thousands of dentists everywhere for safe denture-hygiene. Safe because it eliminates the handling required by brushing, and consequent danger of dropping. Safe because its non-abrasive action insures freedom from scratching or wear.

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RINSE

Hold under running water to rinse. That's all!



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When the war broke out, we believe Ipana was the largest selling dentifrice in America. We believe it still is. But it is no news to you that the war imposed serious restrictions on materials. At the same time, the demand for Ipana from the armed forces grew to tremendous proportions.

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This we could have overcome if material and packaging supplies were available. In November 1944, however, tube material was without warning restricted by a WPB order to a fraction of its former output. Thus, with an increased demand for the armed forces and a further shortage of tubes, there was no backlog of tooth paste or tubes available.

Our Research Department has been studying every possible type of unrestricted package material for an alternate tube, but because of the nature of Ipana and our insistence that it should be made identically as it was before the war, so far no satisfactory alternate package has been devised.

The result was that we have to ration our meager civilian supply. We try to be scrupulously fair in this rationing. We play no favorites. A wholesaler gets a certain percentage of his pre-war purchases. He, in turn, rations Ipana to his retail customers.

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its ned So, if you cannot get Ipana, don't blame your retailer. We would like to sell more and so would he. After all, that's how we both make our living.

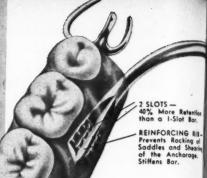
We intend to supply the armed forces in full, for that is a very small return for what they are doing for us. We shall continue to ration the balance as fairly as we know how. And, through constant research, we shall continue to explore every alternate method of packaging which can meet Ipana's rigid standards.

Until the situation improves, may we ask your forbearance.



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The Ideal Anchorage for Acrylic Partials



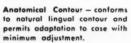
2 Slots — give decidedly more retention than a single slot.



Stabilizing — Reinforcing Rib locks the bar against rocking; stiffens the ends against distortion.



Ovoid Bar Form — increases rigidity; will not cut into the tissues if the denture settles.



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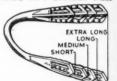
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Thrift (Plat. Col.)
Ex.L.-\$2.85; L.-\$2.35; M.-\$2.15; S.-\$1.81

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Oral Hygiene

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Porhan's educational theme reaches the public over and over and over. Leading national magazines carry it constantly. Twice weekly Gabriel Heatter urges it on his popular news broadcast over a Mutual coast-to-coast hookup.

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Worthy of your recommendation

Forhan's massage

For Firmer Gums-Cleaner Teeth



Picture of the Month



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THE Los Angeles Red Cross workroom has been invaded by Doctor L. B. Morris, retired dentist, formerly of Denver. He spends five and one-half hours daily in the Red Cross headquarters, and is one of two men who help to prepare the 5000 surgical dressings produced there every day.—Los Angeles (California) Times Photograph.

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.

SERVICEWOMEN WILL BE LOOKING FOR JOBS TOO

By T/Sergeant JEAN CASTLES, WAC*



T/Sergeant Jean Castles in Paris.

MUCH HAS BEEN published on the problem of rehabilitation of dentists now in Service, but what about dental assistants? Civilian dentists are worrying about them, I'm sure. ORAL HYGIENE carried an article during recent months by a dentist whose assistant joined the WAC. He misses her and will be anxious to have her return to his office to take up mixing cement, casting inlays, making appointments, and generally routing his practice along the lines he prefers.

Will your former dental assistant now in Service return to your office after the war? no gio

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Maybe the former assistant will not want to return to a dental practice to assist at the chair and in the office. Maybe she will not consider returning to her old job except in case of necessity. I believe it is going to be much more difficult for the assistant to step back into her civilian shoes than it will be for the dentist who returns to his civilian practice.

The dentist will return to be his own "boss." He will have problems—many and varied, but the Nation will be more dental conscious after the peace, and his training as well as his experience will be in demand. Returning soldiers will make up the bulk of the acute dental needs, and they are

^{*}T/Sergeant Castles, who joined the WAC May 1, 1943, is now in Paris attached to the Publicity Division of the SHAEF. She served several months in London before General Eisenhower's headquarters were moved to Paris.

now more conscious of dental hygiene than they were as civilians. The problem of the returning dentist will ease in time.

However, the assistant faces a problem entirely converse. Everything but routine will be accepted gratefully. The composite dream of Service people in foreign theaters includes civilian clothing, thick steaks, fresh sweet milk, American newspapers, ice, white bread, clean tablecloths, traffic run American plan, hot water, heat, electric lights shattering the nightmare of blackout, and freedom from strict discipline. All these things are the United States to us.

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Every woman in the Service who has worked and must work when she returns to civilian life wonders exactly what is in store for her. Most women, as impractical as it may sound, dread the idea of working under several persons. The typist who in civilian life sat crowded in a room full of other typists, and who has been utilized and she believes abused by the Army in the same way, is ready to do virtually anything but return to the same kind of a setup.

Army Classification

The dental assistant usually wanted to get into that type of service as a WAC, but the Army seldom classifies a person accord-

Sergeant Dorothea M. Schultz of Lakeland, Florida, serves as a dental hygienist in the Eastman Dental Clinic in Paris.





Sergeant Virginia J. Stone of Greensburg, Pennsylvania, gives a prophylaxis to a servicewoman at the Eastman Dental Clinic in Paris.

ing to civilian occupation; that would be expecting too much. When she entered the WAC that was the only thing she was interested in-working in a dental clinic in a large Army installation. The Army probably placed her in a camp library and she finds she likes it. She has learned to work with people her own age who have similar interests. She probably could never be an assistant again for one reason-she would be tempted to throw away all the old magazines collected in the reception room magazine rack while

she was gone. That in itself would disqualify her with most dentists.

July.

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Aside from that, the dental assistant has lived an entirely different life. In many ways, perhaps, she has really lived for the first time. That small office, the same people every three or six months, same magazines, listening to the same chair-side small talk repeated perhaps six times a day, six days a week—a rugged picture of the future to any woman.

Demobilization, as well as what we plan to do and hope to do after the peace, is a current topic for discussion. The points of view exchanged have been as varied as the women voicing them. A majority of the WACs have expressed the desire to get a more interesting job when they go back. A great many of them joined to get away from a job, and they certainly hope the job waiting for them isn't the same one.

The dentist who stayed in civilian life might be ready to welcome his assistant back, break out the white uniforms (show me a WAC who'll want to wear any kind of a uniform again except the apron of a housewife), turn the books over to her, and settle back to the good days of peace. That assistant, and others who worked for his colleagues, may have different ideas. I've talked to several assistants and hygienists who aren't enthusiastic over fitting themselves back into the same routine.

In the Army Dental Clinic in

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Paris, three WACs are serving as dental hygienists in the Eastman Foundation Clinic.1 Only one of these women, Sergeant Virginia J. Stone of Greensburg, Pennsylvania, was a dental hygienist before joining the WAC. Sergeant Stone wanted to be a driver when she enlisted. In the eighteen months she has been overseas she has done no type of service except prophylaxis. When gueried as to what she planned doing upon release from the Service, Sergeant Stone said, "Be a dental hygienist. There is nothing else I know. When I joined I kept my civilian job a secret,'in hopes of learning something else, but a dentist I knew in Brooklyn caught up with

¹Paris Eastman Dental Clinic Opened, Oral HYGIENE 28:193 (February) 1938.

In the Eastman Dental Clinic in Paris, Private Catherine Barclay of Philadelphia serves as assistant receptionist. me and here I am. It's too late, now, for me to think of doing different work."

Sergeant Dorothea M. Schultz of Lakeland, Florida, was trained as a dental hygienist by the Army. In civilian life she worked in a physician's office as receptionist, assistant, and clerk. Before coming overseas she worked as an operating room technician for thirteen months in Fort Oglethorpe, Georgia. Sergeant Schultz feels that she would just as soon work as a dental hygienist in the States, after the war, if there are no other opportunities open.

The third WAC working at the clinic, Private First Class Joan E. Sissons, is an American girl who was living in England at the outbreak of the war. She transferred to the WAC in May, 1944, after serving three years in the WAAF.

(Continued on page 1205)



Workers want no part of Hyser assembly-line, mass-production dentistry.



SHOULD AMERICAN workers receive the highest quality of health care? The answer is an unequivocal "Yes." If we are agreed on this fundamental premise, it follows that hospital, medical, dental, optometric, podiatric, nursing, and other accredited services received by workers, should be of the best quality.

We face a serious problem which would not have arisen were it not for the fact that the people, especially workers, are now more than ever confused about the quality of dentistry because of the recently proposed and widely publicized dental plan for low-income groups. I refer to the scheme paraded under a variety of designations, but now popularly advertised with the label "assembly-line dentistry." Putting the question bluntly: "Should dental mechanics be permitted to practice prosthetic dentistry?" "Should this innovation be introduced in the United States?" This is exactly what "belt-line dentistry" proposes to do.

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Let me put this question in more precise terms in relation to our present social structure. "Should the practice of dentistry by mechanics be introduced in voluntary health insurance prepayment plans, or under social insurance oduc-

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health programs, especially 'medical insurance' plans?" My answer is "No." Mechanics are not qualified to render any kind of dental service. Only dentists are qualified to so function.

Unfortunately, on this troublesome, century-old quality question, there appears to be no universal agreement, even among the members of the dental profession. That is why this problem is more serious than we think; it must be dealt with now in a direct manner. It touches the existence of dentistry as a scientific profession, and the quality of dental health care the people are going to receive under health insurance, voluntary or compulsory.

I wish to stress two points: first, there is still time to check a developing trend which aims to split dentistry into segments to the detriment of its growth as a health service; second, those in and out of the profession who have already given their sanction (and others who are about to give their support) to this dismemberment effort should consider carefully the problem as a whole in the light of historical facts and with regard to our future well-being. I am sure the proponents of "mass-production dentistry" have good intentions, but the result of these good intentions is questionable.

Assembly-Line Dentistry

Under the impact of World War II, as after the depression years, we have been observing the re-

emergence of the "level-technician" idea for dental education and dental practice. Presented first publicly by Guy S. Millberry in 1925, by Alfred Owre in 1931, and then by others, it now reappears as "factored dentistry." A similar scheme was submitted in writing by Doctor Charles L. Hyser, a dentist of New York, to the Pepper Committee in the U.S. Senate and published in its report. Contrary to propaganda rumors, the Pepper Committee never approved it. This so-called "Hyser Plan" has been dismissed by a few resolutions, by a report here and there. and by a public repudiation by Doctor J. Ben Robinson, then President of the American Dental Association, I do not recall having seen any comment on this scheme by the editor of The Journal of the American Dental Association. As early as April, 1943 ORAL HYGIENE published an editorial on this proposal with the characteristic remark in its title, "What-No Robots?"1

Now we learn that "Doctor Hyser's plan appealed to Doctor John Oppie McCall who had been thinking in a somewhat similar direction."2 What is this promising Hyser plan? Here is a layman's version. "He (Doctor Hyser) would form a group of dentists, stomatologists, assistant dentists, and various categories of dental assistants." We are informed that

¹Editorial: What—No Robots? ORAL HYGIENE 33:490 (April) 1943. ²Weiss, Myron: Mass Production Dentistry, ORAL HYGIENE 35:226-231 (February) 1945.

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this is no ordinary kind of "group practice." Instead, "At the top of the group would be dentists with thorough-going, all-around training (including knowledge of systemic diseases) who would chart accurately each patient's mouth and prepare instructions for everyone who would later work on the patient. A competent physician would pass on systemic conditions."2 The author then discusses details of the proposal such as: fractionation in the mechanical part of dentistry, teamwork, economy, stations for operators, pilot plan or demonstration clinic, costs of functioning, how to subsidize the plan. According to Doctor Hyser, if present laws pertaining to the profession of dentistry were modified, this sort of "factored dentistry" could be started by conservative businessmen, corporations, dental college clinics, or others, for about \$1,000,000 of enterprise money. It could even vield a business profit

"Low-Cost" Appeal

This story may sound attractive to dentists and lay people, so far as it goes. The idea has found support and is now being propagated through the American Association for Dental Health. But stripped of its alluring "low-cost" appeal, what in essence does this scheme represent? It is nothing more nor less than another roundabout attempt to flood the dental field with unqualified persons who will jeopardize the public health.

The claimants for "factored dentistry" maintain: it will reduce costs to make dental care available to the masses, and assure the dentist an adequate income, all with no compromise "in the quality of the dental service," and it will also meet the shortage of dental personnel. To accomplish this we must have the "pilot plan," which will also furnish data on dental costs and dental fees. "Factored dentistry" will do nothing of the kind.

Let us briefly examine a few pertinent facts. Are we offered a health insurance plan? No. Doctor Hyser is opposed to compulsory health insurance because it is "bureaucratic." Apparently there is nothing wrong with private or corporation bureaucracy.

Where does the stomatologist come into the picture? We must not take the stomatologist in this setup too seriously. He is not there at all. This is another smoke screen that "level-technician" advocates are in the habit of employing conveniently.

Are we offered "group practice" as we understand it? No. Doctor Hyser has no intention of bringing the dentist, technician, hygienist, and assistant into a group where each will practice in the field for which he is qualified and all will practice as a unit. Instead, Doctor Hyser relieves the dentist from his prosthetic service and hands it over to the technician; operative dentistry is turned over to dental hygienists; and so

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on down the "assembly line."

As to the dentist's livelihood and economic security, I wonder how dentists feel about it. A dentist with six years' academic and professional education and training is offered the same annual salary of \$3,000 as the technician, with little or no training. Could we honestly expect social-minded, cultured, and scientifically inclined young men and women to be attracted to dentistry under these circumstances?

"Dental Quackery"

If mechanics will be practicing dentistry without dental qualifications, what will be the outcome for quality dentistry? Can this happen here as it happened in several European countries because of an unenlightened public, an apathetic rank and file of dentists, a misguided and shortsighted dental leadership? Would this not be outright "dental quackery" legalized? Would this not start one of the bitterest social and economic struggles between the "academic dentists" and the "master dental technicians"? Would it not usher in an era of commercialism unheard of before? And who but the American people would be the greatest sufferers in the end?

These presumably remote results should concern us all now. Our decision now will determine the future course of dentistry in America and the kind of quality dental care the people will receive.

The "pilot plan" is defective in what it does not do and in what it does do. It lowers the quality of dental services, it does not lower the cost of quality dentistry. The "factored" setup does not provide adequate living standards for professional dentists. Laymen do not understand fully these intricacies of the qualitative problem and cannot now see the implications of such schemes.

We all seek unity, harmony, and cooperation. But while unity among professional and labor groups is essential now to achieve common social goals in health and welfare, cooperation must be for high quality dental care and in accordance with principles that maintain the unity of dentistry. Upon no other basis can cooperation be built. The recently appointed Dental Advisory Committee of the Social Security Board, Senators Wagner, Murray, Pepper, Surgeon General Parran, Doctor Martha Eliot, officers of national and state professional societies, and other groups, should be written to immediately regarding the importance of quality dentistry. This must be kept in mind by all planners for postwar health care and dental service programs.

The time to prevent costly mistakes in dental policies is now before undesirable practices are fostered.

⁷ East 42nd Street New York 17, New York

A DOUBLE WARNING TO DENTISTS



I AM ANXIOUS to send out a double warning to my fellow dentists, so many of whom are overworking especially during this war. I am 48 years old and had practiced dentistry twenty-one years until about a year ago when I had to discontinue practice because of ill health.

While still practicing, my left hand would become numb and I had considerable neuritis in that arm and shoulder. My feet and legs would ache badly before the day was over and a numbness and tingling developed in them. Fool ish as it was, I continued working in that condition for weeks until I almost collapsed. Although my physicians do not give me too much encouragement of recovering sufficiently to go back to my practice, I have not given up the hope of some day resuming it.

My second and most important reason for writing this article is to warn you of the importance of having proper insurance protection for such emergencies. Along with buying my first home, I began buying life insurance. I objected to an expensive health polction

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icy because there is no accumulative benefit from paying the premiums from year to year. It was my idea to have enough life insurance with disability benefits to take care of myself and family. Fortunately, that is the way it is working out. I did have the typical accident and health policy which paid for loss of time and hospital expenses for the first three months. Then the life policies began paying me disability benefits from three to four months after the onset of my disability.

Monthly Income

To illustrate how it works, let's take for example a person who has \$40,000 or \$50,000 in life insurance with waiver of premiums and disability benefits for total and permanent disability. That means a monthly income of \$400 or \$500. Compare this with the fact that one would have to have invested about \$100,000 at present interest rates, or about \$200,000 in United States Bonds, to bring the same income.

In addition to my life insurance I have an educational payment policy for each of my three sons. These are written on my life with the waiver of premium benefits for total disability and, of course, death. After I secured what I considered sufficient life insurance, I bought a retirement annuity also with the provision for waiver of premium in case of disability. If the disability payments do not amount to as much as a person

has been making, that is compensated for by the waiver of premiums. The policies are kept in force at no expense to the holder and also the payment of disability benefits does not affect the face value of the policies. Another good thing about this is that such income from insurance is not taxable.

My insurance has been such a source of satisfaction to me that I want to urge especially the younger dentists to consider the matter. Many agents will attempt to sell you insurance, but rather than buy haphazardly I would suggest that you find a man who represents a good company and will develop a plan for your particular needs. A good agent who knows his business wants to consider you his client and if you have confidence in him, then take his advice. That's what you expect your patients to do-isn't it?

From the time I started practicing in 1923, I bought insurance as fast as I could afford it and when the crash came in 1929 I was not affected by it because I had no stocks and bonds. I was then and still am largely letting the insurance companies take care of the investments. I think that it is wise to be obligated to pay insurance premiums and then one is not so likely to fall for "get-rich-quick" propositions. You know, it is said that we dentists are on every "sucker list" that exists.

215 Terrace Fresno, California



Dentists in the News

The Houston (Texas) Chronicle: Lieutenant Commander Curtis O. Wallace (DC) of Nacogdoches, Texas, was recently awarded the Presidential Unit Citation for participation in the Second Marine Division's invasion of Tarawa. Lieutenant Commander Wallace was attached to the Division as dental officer.

The citation was presented by Captain R. F. McCall, supervisor of shipbuilding for the Houston area, in ceremonies at the Navy Receiving Station at Green's Bayou, Texas.

Lieutenant Commander Wallace graduated from the Texas Dental College, Houston, in 1932. He is now attached to the Navy Receiving Station in Houston as senior dental officer.

Chicago (Illinois) Daily News: Quick thinking and ingenuity on the part of Richard W. Short, a Portland, Oregon, dental student, and Mrs. Short, a social worker, saved the life of Larry L. Secor, pharmacist's mate 3d class, who fell sixty feet through a broken guard, on a trail near the Columbia river highway, to a slight break in the face of an 800-foot cliff. Mr. and Mrs. Short stripped off their clothing to improvise a rope when the sailor called to them that he could not maintain his feeble grasp on the cliff. The nearest help was two and a half miles away.

The line which Mr. and Mrs. Short first improvised from two jackets, slacks, corduroy trousers, a slack top, a shirt, shorts, anklets, and two belts, all knotted together, was not long enough to reach Secor from the top of the cliff. Mrs. Short then lowered her husband over the cliff to a small fir tree, but the line still would not reach.

By this time Mr. Secor called that his hands were going to sleep. The frantic couple finally found a 20-foot length of wire which they tied to the rope of clothing. Mr. Short was again lowered to the fir tree and dropped the line. This time it reached. The sailor grasped the rope and slowly inched his way to the tree. From there they threw the rope to Mrs. Short and crawled to the bank.

Mr. Short is a student in the senior class in the Dental School of the University of Oregon. After graduation he plans to enter the Navy.

The New York (New York) Times: At the seventy-seventh annual meeting of the Dental Society of the State of New York which was held recently at the Hotel Pennsylvania, New York City, Doctor Joseph J. Glaser, president of the Society, stated that the Nation is suffering from a critical shortage of dentists and that the country's need for dental care is acute.

He explained that a recent survey shows that many states and almost all rural areas are without the necessary dental personnel to carry on a complete dental health program. According to the survey, there is now about one dentist for every 1,800 persons. Approximately 45 per cent of the estimated 65,000 dentists in the country are 55 years of age or older, and almost 50 per cent are 45 years of age or older.

The Indianapolis (Indiana) Times: In the dental office of Doctor W. W. Peet of Indianapolis, Miss Crystal Pace, the dental assistant, was giving a final polishing to a denture to be delivered to a patient that morning when the denture slipped from her hands and out the partly opened window. Miss Pace



reached the window in time to see the denture land on the head of a man on the street seven stories below. Hurrying to the elevator, Miss Pace managed to reach the sidewalk in time to catch the innocent passerby and ask: "Did you see my denture?" "Oh," he replied, "Was that what hit me?" Miss Pace was able to salvage eight of the fourteen teeth from the pieces in the gutter which the victim kindly pointed out to her.

Chicago (Illinois) Tribune: Lieutenant Colonel Kenneth Cofield, former liaison officer of the American Dental Association who recently was assigned to duty overseas, has been succeeded by Colonel A. P. Matthews, Chief of Dental Service for the Sixth Service Command. Colonel Matthews' new duties as liaison officer will be in addition to those he performs for the Sixth Service Command.

The Indianapolis (Indiana) Times: Doctor Maynard K. Hine has been appointed Dean of the Indiana University School of Dentistry, according to an announcement made recently by President Herman B. Wells. He succeeds Doctor William H. Crawford who will become Dean of the College of Dentistry at the University of Minnesota July first.

Doctor Hine was formerly head of the Division of Oral Pathology at the University of Illinois College of Dentistry. In 1944 he became a member of the faculty of the Indiana University School of Dentistry where he is now serving as professor of periodontia and histopathology.

Awards for items published in Dentists In The News this month have been sent to:

H. C. Gerber, Jr., Executive Secretary, Michigan State Dental Society, 1514 Olds Tower Building, Lansing.

CORPORAL WILLIAM R. NAECELI, #33457596, 30th Air Depot Group, Finance Section, APO #149, c/o Postmaster, New York.

MRS. WILLIAM MAIER, 1925 Sharp Place, Houston 6.

M. B. Newman, D.D.S., 1410 Morris Avenue, Bronx 56.

ALICE SCHEFFLER, 1035 Churchman Avenue, Indianapolis 3.

CAN YOU USE A DOLLAR?

To every reader who contributes a newsworthy item, something unusual about a dentist, which is published in Dentists in the News, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, Oral Hygiene, 708 Church Street, Evanston, Illinois.

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IS NOT ENOUGH

An oral surgeon's assistant classifies men in the dental profession.

By CLAIRE HOLLINGER

WHEN FIRST I began to view dentists from a professional point of view, I acquired the habit of dividing them into my own two personal groups. About a dentist in the first group I would say mentally, "Now this man inspires confidence in me. I should like to be a patient of his." About a man in the second group I would think, "I don't know why, but I should hesitate to let this man make the decisions necessary for my welfare. I don't think I should like to be a patient of his." It was not, however, until a long time after I had been assisting in a dental office that I discovered the basis for my two groups. I believe it can be summed up in one word-personality.

First let's take it from the patient's point of view. Say that I am a patient going to a dentist. All I know about the dentist is what I have heard from another patient of his, or perhaps I have heard of the quality of his service from another dentist. Maybe I have heard nothing about this dentist whatsoever. No matter what the case may be, I would expect him to sell himself subtly, and, as a result of that, his service, to me.

If this dentist did not greet me pleasantly, if he were short with me, I should feel ill at ease. If he did not have a self-assured, poised attitude, if he slouched and mumbled when he talked, shuffled and dragged his feet when he walked, looked at me with shifty eyes, and gave me evasive answers, I should not feel confident that he was an efficient and clear-thinking person.

Now, from the dentist's point of view, it is pretty much the same story. If I were the dentist and I tist.

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ne I were to recommend another dentist, say a specialist, to my patient, I would pick a man who I knew would make a pleasant impression upon my patient. After all, my choice would reflect upon me. I should not want my patient to doubt my good judgment and interest.

I have sat in the lobby of my office building and watched the professional men as they passed in and out through the door. In most cases the dentist who has an established and growing practice could be distinguished from the rather unsuccessful practitioner by his bearing, expression, and purposeful stride. No shifty dubiousness about him! No matter what the man is, professional or businessman, these are some of the things that will make an impres-

sion upon his friends and acquaintances.

Good service alone is not what the average patient can understand. Along with that he wants to feel that the dentist can fill his needs and will take care of him personally. The way to make a patient feel this is to be a dignified, business-like, and yet friendly, person. Don't let the strain of a wearing day show in your voice or attitude. This sounds like a large order, and it is, but it brings worth-while dividends. Show your confidence in yourself in your walk, talk, smile, attire, and complete manner.

If your patients come to like you as a person, as well as to appreciate your ability—see if your practice doesn't boom!

868 Rose Building Cleveland 15, Ohio

"WHAT PRICE DENTISTS' CHILDREN?"

A RECENT STUDY was made by the Statistical Bulletin comparing the costs of raising children in the families of different income groups.

The expenditures, to bring up a child to age 18 in the \$5,000 to \$10,000 income family, average about \$16,335, according to the price levels of 1935-1936. This compares with a total of \$7,760 in the \$2,500

In the higher income group, it was found a smaller proportion of the total expenditures is required to feed the growing child. At the same time, the proportion spent on clothing and shelter increases slightly, while the expenditures for education, medical care, and transportation and recreation show the largest relative increases. In the \$2,500 income group \$297 was spent for medical care up to age 18 as compared to \$846 in the \$5,000 to \$10,000 income group.—Journal of the Michigan State Dental Society.

¹The Cost of Raising a Child in Higher Income Families, Statistical Bulletin, Washington, D. C., (January) 1944.



Military News

Separation of Army Officers:

In a recent discussion before the House of Representatives of the "Point System" of Army releases, Representative Harness of Indiana stated that official War Department information revealed that essentiality in the Service will be the primary factor in the release of commissioned officers. Otherwise, the same factors which apply to enlisted men will apply to officers. Officers will be relieved from active duty in about the same ratio as enlisted men with each officer's case being given individual consideration. Age-in-grade regulations will apply strictly so that average officers will be given preference for release.

In the European Theater of Operations officers have been advised that their discharge will be governed by the following factors:

Military necessity 2. Efficiency
 The expressed desire of the officers
 The Point Score.

Release From Service:

According to a statement made on V-E Day by Major General Norman T. Kirk, Surgeon General of the Army, there is no immediate prospect for the release of Army Medical Department personnel. "Practically all officers and men in the Medical Department came in for the emergency," General Kirk said, "and so far as we are concerned the emergency is far from being over."

He pointed out that with the ending of the European war, physicians, dentists, nurses, technicians and other medical personnel will begin an even bigger job than they have been doing, since not only must they continue to care for the sick and wounded but they must handle the medical service connected with the redeployment of troops. Physical examinations must be given to some 3,500,000 soldiers before they leave Europe, and a goal of ninety days has been set for evacuating the sick and wounded to this country. When the load of the service in Europe is completed the redeploying of medical personnel and equipment must be handled.

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In this country, all soldiers prior to discharge from the Service will be examined for diseases and physical defects and those whose condition necessitates a medical discharge will be given further treatment. Thus hospitals in this country will be operating at capacity and the need for medical personnel will continue for a long time.

Instruction Courses Offered:

Postgraduate professional training has been authorized for Army Dental Corps officers with priority given to those who have served overseas. This training is voluntary and provides about three months' rotation in all phases of general dental service. Requests for the training must be initiated by the individual officers.

Hospitals in the various service commands have been designated to conduct the postgraduate courses, with not more than five officers being trained at any one hospital at one time.

PRIZE WINNING STORIES REPORT ON DENTAL LIFE

DENTAL WRITERS have won more than \$3000 in the monthly Oral HYGIENE contest in which the author who submits the best story each month receives a \$100 award.

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Since the ORAL HYGIENE monthly competition was announced in 1943, dental officers, civilian dentists, dental assistants and dental hygienists have contributed many human interest stories reflecting dental life as they are experiencing it.

Among the prize winning stories, we have published reports about dental officers who have become war heroes; the story of a dentist to circus animals; an odyssey of a dentist who traveled through the waters of Alaska giving dental service to the natives; the story of the only armless woman dentist; personalized account of Guido Fischer and local anesthesia; a dentist's advice to colleagues who are working too hard; the personal experiences of a dentist-explorer in the jungles of South America; and the story of a dental officer who was rescued from a Japanese prison camp.

Your own story may be just as interesting as any of those you have read in Oral Hygiene. And you are the only one who can tell it!

If you don't have a gift for storytelling you may have practical suggestions for improving dental practice, for the wider distribution of dental service to the public, for a retirement program, or a plan to aid dentists who are returning from military service.

Whatever your ideas about the future of dentistry are, we want to know about them. Tell us in 1500 words what your own plans are or what the dentists around you are thinking and talking about. Here are the rules to follow:

- 1. Your article must have a dental angle.
- 2. Set down your ideas in simple, direct, forceful language without literary flourishes.
- 3. All manuscripts must be limited to 1500 words, typed, double-spaced, and accompanied by return postage.

Send your story now! You may be the winner of the next \$100 award. Mail your manuscript to: Edward J. Ryan, D.D.S., Editor, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

FEDERAL MEDICINE ADVOCATE SHOCKED BY VETERANS ADMINISTRATION'S PROGRAM*

Close, personal observation of medical setup reveals many defects.

By ALBERT DEUTSCH

I have studied the operation of the Veterans Administration over a period of five months. What I have seen and heard has disturbed me profoundly. As a journalist interested in health and welfare problems, I have long advocated a national health insurance program for the United States. But I would align myself with the most vociferous opponents of such a program should it bear any resemblance to what I have observed in the Veterans Administration's medical care program.

The Veterans Administration's medical program-to whose benefits some 20 million actual and potential veterans will be entitled by the end of World War II-contains, in greater or less degree. nearly every defect that organized medicine considers inevitable in a government-administered medical care program. The quality of care in the hospitals is generally lowwith some outstanding exceptions -and its physicians practice with in a framework of excessive bureaucracy and red tape, discouragement of research, isolation from centers of medical activity. lack of incentive, and lay domination.

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Two types of veterans are cur-

^{*}Digest of an article that appeared in the April, 1945, issue of Medical Economics. The author, Albert Deutsch, is a feature writer for the New York newspaper PM.

rently eligible for care or treatment: (1) those who have service-connected disabilities, (2) those with non-service-connected disabilities, who cannot afford private medical care and for whom vacant beds are available. Service-connected cases are entitled to hospital, in-patient, and out-patient treatment; non-service-connected cases get the same care, minus out-patient treatment.

The total budget for the fiscal year 1944-1945 amounted to 1½ billion dollars. In his budget message to Congress on January 9, 1945, President Franklin D. Roosevelt recommended an appropriation, for 1945-1946, of more than 2½ billion dollars. While no accurate estimate is available as to how much of this will be expended for medical and hospital purposes, a rough guess places it at about one-tenth of the total.

On January 9, there were 2,029 physicians on the Veterans Administration's rolls. Pay of physicians ranges from \$3,250 to \$7,500. Highest medical office is that of medical director, a post held by Colonel Charles M. Griffith, with headquarters at Washington.

Major Defects

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Now for some of the major defects I observed in the medical program of the Veterans Administration during my survey:

1. The medical and hospital care program occupies but a small part of the total picture. The top executives, from General Hines¹

down, tend to regard their vast enterprises as "businesses" and appear to be too preoccupied with the business details of insurance, pensions, and other items, to pay much attention to medical matters. Yet just such lay officials control the medical program, and it is wholly dependent on their attitudes and decisions.

2. The hospitals are notoriously isolated from the main streams of modern medicine—scientifically, geographically, and socially.

3. The hospitals are, with few exceptions, physically beautiful and splendidly equipped. Generous provision is made for the physical comforts of patients. Yet the quality of medical care is usually low.

The backward Veterans Administration discourages good medical men from going into its hospitals; it accepts new drugs and techniques of demonstrated value slowly and reluctantly; it hinders medical research.

From the top down, the medical policy of the Veterans Administration is under the rigid control of laymen. Further, the medical program is too centralized. There is little room for exercise of independent medical judgment.

4. Medical men have urged repeatedly that Veterans Administration's hospitals affiliate with medical schools wherever possible. There is no such affiliation at present, nor are there any internships

¹EDITOR'S NOTE: On June seventh President Truman announced the appointment of General Omar N. Bradley to head the Veterans Adminis-

VETERANS' HOSPITALS UPHELD BY HOUSE GROUP

Several members of the Congress reported on the basis of a personal survey of various hospitals of the Veterans Administration throughout the country that no evidence had been found to support the contentions of Representative Philip J. Philbin, Democrat of Massachusetts, and others, that "a scandal exists" in the treatment of wounded veterans

In conducting the congressional investigation of the veterans' hospitals, Chairman Rankin authorized each member of the House Veterans Committee to function as a one-man subcommittee in checking the allegations of mistreatment. He gave this summary of the findings:

"Nearly all the reports are in and they show that our veterans are receiving fine treatment and handling in their hospitals.

"Some cases have been found where improvements are needed, and we shall take action to see that these situations are remedied as soon as possible.

"There has been nothing discovered, however, to bear out the charges made that shocking mistreatment is being given veterans,"

The Veterans of Foreign Wars in a statement issued at the same time said that its recent survey showed that "it takes an average of 150 days after a man is killed before an award of pension or insurance payments is approved."—The New York Times,

or residencies in Veterans Administration's hospitals.

This policy has been determined in large measure by the opposition of organized veterans' groups, who express primitive fears that veterans might be regarded as "charity patients" to be turned over wholesale to medical students for "experimental purposes." General Hines himself shares this suspicion.

Arguments that hospitals are aided by university connections, that their medical staffs are stimulated and healthy medical competition is thereby kept alive, that laboratories and other research facilities are thus made available, and that experiments are ordinarily performed on animals, not on human beings, have thus far had no appreciable effect in moving General Hines to reconsider.

5. There is an extravagant waste of medical skills in the hospitals. It is estimated that the average physician spends one-third of his time in paper work. The full-time or part-time efforts of many physicians ostensibly assigned to out-patient duties are consumed by

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examinations to determine whether a particular disability is serviceconnected or not, or by measuring the degree of disability in terms of pension ratings. Poor assignments sometimes lead to misuse of specialists.

6. There is an excessive amount of red tape in the Veterans Administration's system that harasses the medical man and often leads him to throw up his hands and quit. There is also far too much spine-bending to veterans' pressure groups and other lay elements in

matters of strictly medical import
—such as deciding upon hospital
admissions and discharges.

7. Nearly all the physicians I interviewed agreed that the salary range for the Veterans Administration's medical men is too low and that advancement is often determined by factors other than ability. One physician told me:

"The top positions are filled mostly with men who have stayed long enough, played ball, and never crossed their superiors."

SERVICEWOMEN WILL BE LOOKING FOR JOBS TOO

(Continued from page 1189)

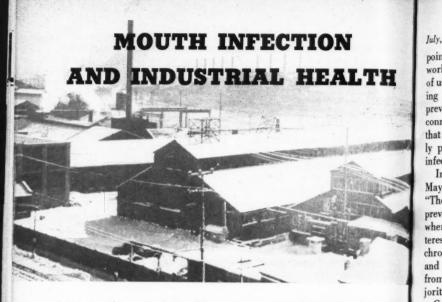
She has not been home in seven years. Her home was in Venice Beach, California. Before joining the WAAF, Private Sissons worked as a dental nurse in Guildford, Surrey, but a dental nurse in England is not a dental hygienist. Private Sissons' first thought on what she plans to do after the peace is return to the United States. "Once I get back to the States, I might be interested in working as a dental hygienist. I just don't know. There are so many other types of jobs, I'm not certain that I want to spend all my working years as a hygienist."

Lack of enthusiasm for their

old jobs shown by girls who were dental assistants or hygienists before they entered the Service does not, of course, reflect the attitude of many girls who never had this training before joining the Army. Unexpectedly they have found themselves being trained to assist dental officers, a new experience for them that they have enjoyed. There may be many of these girls who will be eager to make use of the training they have received as WACs in a civilian dental office. These will be the best prospects for the dentists who are eagerly awaiting V-J Day.

ORAL HYGIENE AWARD

This month's \$100 Oral Hygiene award for the best feature published goes to Technical Sergeant Jean Castles, WAC, for the article Servicewomen Will Be Looking For Jobs Teo.



A preventive mouth health program must be a function of a successful industrial health department.

By EARLE H. THOMAS, M.D., D.D.S.*

Most of the types of disease which originate in other structures of the body also occur in the mouth or have mouth manifestations. In a large percentage of cases the pathologic change in the mouth is the first indication of such disease. This is especially true of metal poisoning and other occupational diseases.

As a consultant in mouth health and oral surgery to the Chicago Rapid Transit and other companies, my records show that approxi-

mately 98 per cent of employees examined harbored mouth infection. Most of these employees' mouths were supposed to be healthy; neither their dentists nor they having appreciated the significance of the non-vital teeth, gum infections, or other diseases that were not causing pain or discomfort. This high incidence of mouth disease applied to executives as well as to labor.

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The National Association of Manufacturers, in a recent survey of 1625 companies, employing around 500 each, reports that a health program resulted in a 47 per cent reduction in accidents and occupational disease. The modern

^{*}Excerpts from a paper read at the annual meeting of the Central States Society of Industrial Medicine and Surgery.

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point of view is to assure longer working years at increasing peaks of usefulness of employees by making available to them a complete preventive health service. In this connection it must be emphasized that no health service is completely preventive if it ignores mouth infection.

In 1916 Doctor Charles H. Mayo, of the Mayo Clinic, stated: "The next great advance in the prevention of disease, and that wherein dentists are so much interested, is the knowledge that chronic diseases, acute diseases, and special local diseases come from mouth infections in the majority of instances."

Constant absorption of infection from teeth and mouth causes a gradual loss of physiologic function of vital internal organs and other essential tissues through degeneration. An employee may be half sick and yet not aware of it. Of far more serious import than the production losses from absenteeism due to illness, are the production losses resulting from the fact that a large proportion of employees on the job are actually "sick" and are thus working at greatly lessened efficiency. Such workers are a safety hazard to their fellow employees as well as themselves.

A Mouth Health Program

If an industrial concern aims to make prevention of disease a reality, it should make its industrial health service complete by placing full emphasis on prevention and, as one phase of that emphasis, it should provide a competent mouth health service.

A large plant should have a properly equipped dental department manned by personnel sufficient to examine each employee once annually.

There are several functions tha should be performed by the dental department and it is assumed that, in the performance of these functions, there must be complete cooperation with the medical department.

(a) The primary function of the dental department is to provide a competent mouth examination service which will diagnose all mouth infection and obtain action in eliminating such infection. Whether or not the plant personnel should perform the required service of eliminating mouth infection depends on the depth of interest of the plant management.

(b) The second most important function of the dental department is health education of employees.

(c) Yet another function is the care of traumatic surgical conditions of the mouth, teeth, and jaws.

(d) An important function is the treatment of emergency dental lesions such as toothache, neuralgias, abscesses, and Vincent's stomatitis.

(e) An additional function is to assure that the employee be directed to competent dental consultants.



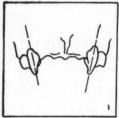
Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

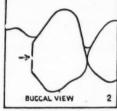
Drawings by Dorothy Sterling

The Construction of an Anterior Bridge with Cuspids Inclined Mesially

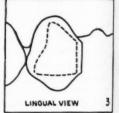
By BENJAMIN PERLOW, D.D.S.



The type of case. Note that a considerable amount of bone has been lost where laterals and centrals were extracted.



Using a disk, make a slight slice on the mesial of each cuspid.



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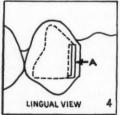
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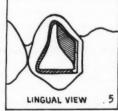
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Plan cavity preparation on the lingual, and remove part of the enamel with a stone.



With a tapering bur, cut a groove just back of the slice shown in figure 2.



Prepare cavity with a definite margin following the outline determined in figure 3.



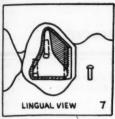
Using a No. 1 round bur, sink holes for 2 pins—one at cingulum, and one toward the distal near the incisal margin of the cavity.

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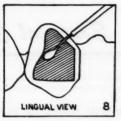
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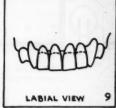
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Set Pinledge Pins in the holes already prepared.



Wax up the inlay in the usual manner except to apply hot spatula to the wax over each pin. Prepare the other cuspid in the same manner. Cast the inlays.



Set the inlays in place, take impression, and determine the shade of teeth. Note that stock facings on this type of case are usually too short, and must be lengthened by adding porcelain extensions.

SEE YOUR DENTIST!

Q.—CLEANING and periodic examination of teeth are preventive measures. Is my battalion medical officer correct in telling me I can't have my teeth cleaned in the entire Theater of Operations?—Lieutenant J. A. J., Armd. FA Bn.

A.—The Chief Surgeon, ETOUSA, answers your question as follows: "Dental officers and their equipment are busily engaged in operative dentistry, and unfortunately the opportunity of cleaning teeth for military personnel does not exist except in limited circumstances."—The Editor, Stars and Stripes.

IMPROMPTU DENTISTRY!

IN A RECENT issue of *Medical Economics*, F. W. Krueger, M.D., gave the following report of an unexpected, painless dental operation:

"While anesthetizing a patient prior to an appendectomy, I noticed that her four lower incisor teeth were wobbly. Assuming that some loose bridgework had been overlooked, I asked the nurse to remove it. Her firm grasp and quick yielded more than we had anticipated: Out came a false tooth and—attached to it—three of the woman's own incisors, roots and all. Pyorrhea, of course—and a pronounced case; but no less pronounced than my own embarrassment!"



Editorial Comment

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"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

COMING HOME TO WHAT?

WITHIN THE next few months hundreds of dental officers will be returning to civilian life. They will be coming back at the time of the transitional depression that has been predicted by some economists and by many seers. The shift from war to civilian production will produce some unemployment and economic disharmony. This stage should be short-lived and marked prosperity should come with the return to the production of consumers' goods. The returning dentist, however, without an office, without equipment, and without a practice, may expect some difficulties between the time of his separation from the Service and the upswing in prosperity that will come with full-scale peacetime business.

One of the organizers of the American Veterans Committee, Charles G. Bolté, writing in Harper's Magazine¹ describes the veteran from the professional class as follows: "Lawyers who maintained offices of their own came home to find their practices gone and their offices occupied; doctors and dentists met the same situation. This group faces one of the most difficult readjustment problems; in a situation involving seemingly insuperable legislative questions, they must depend on the loyalty of their clients and the helpfulness of their professional associations for a solution."

The American Dental Association² recently published the results of a survey made among dentists in the armed forces. Of those reporting 90 per cent indicated their intention to return to private practice. However, only 62 per cent expected to return to their former communities. Twenty-five per cent expressed an interest in group practice, whereas 70 per cent said that they were interested in postwar training. These responses are significant. They suggest that American dentists still favor the institution of private practice although one-fourth of them have learned from their military experience that group practice has hitherto unexplored possibilities in civilian life. Furthermore, if 70 per

¹Bolté, C. G.: The Veterans' Runaround, Harper's Magazine 190:385 (April) 1945. ²Camalier, C. W. and Altman, Isidore: Postwar Plans of Dentists in Service: 1. General Findings, J.A.D.A. 32:568 (May) 1945.

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cent of the 20,000 in military service are interested in postwar training it suggests that dental schools and dental organizations must be prepared to offer courses to about 14,000 dentists. That is a stupendous undertaking. The results of the American Dental Association study are in agreement with an earlier study made by ORAL HYGIENE³.

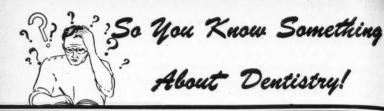
How well prepared are civilian practitioners to be helpful to colleagues returning from military service? In the case of shortages of office space and equipment are they willing to share their facilities? Are dentists in practice generally disposed to suggest to patients that they return for treatment to their former dentists? The men in Service have no illusions on this subject. They doubt if many patients will be returned by the voluntary action of their present dentist.

How well prepared are dental organizations and dental schools? There have been hundreds of words written and spoken on the subject but little or nothing produced in the form of a definite plan. Whatever kind of helpful project is to be undertaken by dental societies must be at local and community levels. The American Dental Association might set up a master plan suggesting what kind of general program should be offered by dental societies. The Association of Dental Schools might do the same. The actual execution of the plan, however, should be done at local levels by local dental leaders who understand local conditions. Regardless of how well developed and detailed a national plan might be it would be no better than the local leaders who put it into effect. Dentists returning from military service should expect their city and state societies and their regional dental schools to plan courses. In dental circles there is too much of a tendency to look to the national organization for the solution of all our problems. The same tendency is to be observed among citizens who expect all remedies and reforms to flow from Washington. Citizens and dentists should be urged to accept community responsibilities.

The young dentist who has never practiced will leave the military service to face an experience entirely unlike anything he has ever known. He has been indoctrinated by regimentation and the impersonal relationship. If he is to succeed in private practice he will have to learn the meaning of personalized service. The older dentist with experience in private practice will be returning to familiar ways, but he will be haunted with the uncertainties of re-establishing practice and adjusting his life to the pattern of civilian affairs. These dentists will be glad to be home. We should make it plain that we are glad to have them back.

Eduard J. Ryan

³Editorial: Dental Officers Speak Their Minds, ORAL HYGIENE 34:1288 (August) 1944.



QUIZ X

- Which one of the following metals is not in dental gold solders,
 (a) gold,
 (b) silver,
 (c) copper,
 (d) base metal alloy,
 (e) palladium?
- 3. Posterior teeth for artificial dentures are numbered 28, 30, 32, and 34. What do these numbers mean?
- 4. The average normal bite of a patient is (a) 125 pounds, (b) 150 pounds, (c) 175 pounds?
- 5. The apical foramen in adult teeth is formed by (a) cementum, (b) dentine, (c) bone?
- 6. True or false? In cancer of the mouth pain usually does not become marked except in the advanced stage when there is surface ulceration
- 7. The first dental society in this country was "The Society of Surgeon Dentists of the City and State of New York," founded on (a) December 3, 1814, (b) December 3, 1824, (c) December 3, 1834?....

- 10. A crown composed of a porcelain facing and a coping which are held together by solder or an intermediary casting is called a _______crown?

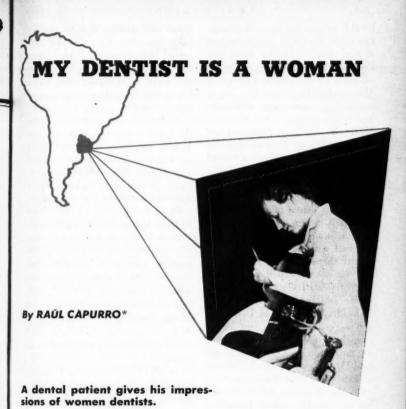
FOR CORRECT ANSWERS SEE PAGE 1220

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SINCE I CAME to the United States early this year I have not met any man who would consider going to a woman dentist for service, if there is a man available. This seems strange to me because in Uruguay we do not think of dentistry as a profession in which a man is more skillful than a woman. From my own experience I should say that we now accept them on an equal footing.

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Four years ago the dentist who cared for my teeth since my child-hood closed his office to devote all of his time to his new position as Dean of the Dental College of Montevideo. I then asked myself, "Why shouldn't I go to Tina for dental service? Why wouldn't she

^{*(}Translated by Marcella Hurley). Señor Capurro of Montevideo is the Managing Editor of Mundo Uruguayo, the outstanding weekly magazine of Uruguay. He is spending six months in the United States at the invitation of the State Department to study journalistic methods in this country.

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be able to give me as good care as any other dentist?" In professional life, Tina is Doctor Margarita Borche Costa, professor of dental esthetics in the Dental College of Montevideo. In private life, she is married to a professor of history and is the mother of two children. Moreover, she is an artist and last year exhibited a collection of paintings that were well received both by the public and the critics. I had known Doctor Costa for many years although I had never visited her dental office. After my first visit to her office I had confidence in her and I have been well satisfied with her method of procedure through the years.

I am not an expert in the subject of dentistry so I cannot say if she and her women colleagues (who are numerous in Uruguay) are as competent as men in all branches of dental service. But I see no reason why they should not be. They have as much interest as men in their profession in most cases, for it is rare that a girl who spends several years preparing herself for a profession practices only for a short time. Insofar as the technical capacity for extracting a tooth or executing a complicated operation is concerned, I don't believe that there is any reason why they should be inferior to men as these services do not require any quality that is specifically masculine. They demand skill rather than strength. I have seen my dentist extract teeth without any more effort than a man, and I know that the patient experienced no more pain.

So far as my dentist is concerned I am convinced that she can handle any emergency that may occur. She is extremely careful about every detail of the condition of my teeth and gums, and takes a special interest in the esthetic results of her service. I believe that in these two points, scrupulous attention to details and to esthetics, women dentists have a decided advantage over men. On the other hand, it may be that some men are superior when an effort of intellectual creativeness is necessary, as in the diagnosis of a difficult case. But, in general, I believe that women can be as good dentists as men.

In the United States, I understand that the number of women dentists is small in proportion to the men, which indicates to me that not even the women themselves believe they are competent to discharge the duties of the dental profession. If they continue to hold to this belief, it will be difficult for the public to develop confidence in them.





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Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Black Stain

Q.—I have a young patient, a boy, who is now about eight years old. I have been taking care of him for the past four or five years. He is an average child in normal health, and the condi-

tion of his teeth is good.

Around the gingivae of his teeth, both labially and lingually, there appears a black stain, which is readily removed by painting with iodine and using pumice on a small brush. This same condition exists in his permanent teeth. He comes to my office regularly and I clean his teeth, but within a week or two this black substance again appears. It is an unsightly condition and I should greatly appreciate advice on this matter.—D. S., Illinois.

A.—We have received letters from time to time in relation to black stain and we have replied that we have had a few such cases but that we were not sure of the cause. We have thought in some cases that it was the result of a leafy vegetable diet and in some cases of a high protein diet, but we have not had enough cases in either instance from which to draw worth-while conclusions.

The INDEX OF THE PERIODICAL DENTAL LITERATURE lists an article by C. E. John in the New Zealand Dental Journal in 1911, entitled DISCOLORATION OF TEETH AND ITS TREATMENT. The INDEX lists "Stains on Teeth" as a subject,

from 1916 to 1932, but no articles appear under that title. AMERICAN SYSTEM OF DENTISTRY, Lea Brothers & Co., 1887, speaks of green stain as a cryptogram or lichen which forms in the enamel cuticle before 15 years of age. E. C. Kirk treats of green stain in MOUTH HYGIENE, Fones, Lea & Febiger, 1916, but he does not discuss the type of stain of which you speak. However, he says that green stain on the tooth surface is removed readily by the application of iodine and the subsequent use of polishing powder. You might try this treatment on your cases.

THE AMERICAN TEXTBOOK OF OPERATIVE DENTISTRY, Ward, Lea & Febiger, 1926, Page 636, speaks of "superficial organic stains from foodstuffs, especially fruit "

McGehee¹ lists stains on teeth

1. Green stains in the mouths of children.

2. Chromogenic stains, green, brown or reddish.

3. Tobacco, tea, coffee, and medicinal stain.

From this dearth of material in the literature one must conclude that this condition is not common or is not considered of enough im-

¹McGehee, W. H. O.: Textbook of Operative Dentistry, P. Blakiston's Son and Co. portance to investigate.—George R. Warner.

Temporary Bridge

Q.—In the case of a 16-year-old boy with both upper central incisors missing and the rest of his teeth in good condition, what would you recommend, a removable or fixed bridge?—D. S. L., Kansas.

A.—Either a temporary fixed bridge supported by orthodontia bands on the laterals or a palate fitting partial denture should be worn by this boy until he is at least 20, before cutting into the laterals to prepare them as inlay or 3/4 crown bridge abutments. When this is done pin inlays are preferable to 3/4 crowns in our opinion.—V. CLYDE SMEDLEY.

Rampant Caries

Q.—I have a patient, a girl, 14, with rampant caries. If she were older, I would unhesitatingly extract all the upper teeth and construct a full denture. The only sound upper teeth she has are the left first molar and first bicuspid and the right first molar. Even these are "chalky" at the cervical margins. With the exception of the teeth mentioned, virtually all would require devitalization and there are at least three that have abscesses.

What do you advise in this case?— E. S. K., Pennsylvania.

A.—In cases of rampant caries one should have a Lactobacillus acidophilus test made at first. This you can have done at the University of Michigan Dental School. When they have made the test they will advise you what to do about the diet, which will have a marked influence on preventing new caries. For the teeth with the "chalky" appearance at the cervical margins treatment with sodium

fluoride is indicated. In fact it would be well worth while to use the fluorine treatment for the whole mouth as advised by Cheyne.² Naturally the teeth whose pulps are devitalized or diseased will have to be removed.—George R. Warner

Roofless Dentures

Q.—Recently I repaired a vulcanite denture made by another dentist. It was roofless and was giving this patient complete satisfaction although his ridge was virtually nonexistent.

I have tried making roofless dentures under the most advantageous conditions, a good ridge present and prominent tuberosities with some soft tissue lingual to the ridge, but they have always been failures, and I had to make them over, filling in the vault.

I hear so much about roofless dentures, patients ask for them, and other dentists seem to have success with them. What is their secret?—A. C. F., Michigan.

A.—There is no especial mystery or difficulty about making roofless dentures in the rare instances that they are indicated. I always advise patients against them and charge an extra fee for them and, therefore, am not called upon to make one often.

The argument against them is that the less area covered by the denture results in greater stress upon the smaller area, with the result that there is more rapid resorption. This necessitates more frequent rebasing and ultimately a less favorable foundation for denture support. The only justifiture ging tatio the mine to a fittin

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²Cheyne, V. D.: Human Dental Caries and Topically Applied Fluorine—A Preliminary Report, J. A.D.A. 29:804 (May) 1942.

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cation for resort to a roofless denture is the rare case in which gagging persists despite a firm adaptation of a regular denture across the postdam area and a determined effort on the patient's part to accommodate himself to this fitting.

The method for making roofless dentures described by Doctor L. A. Hawkes, Pittsburgh, Pennsylvania, in THE DENTAL DIGEST,3 September, 1933 will give satisfactory results. The important thing, whether you follow this particular procedure or not, is to impress the border somewhat into compressible tissue along the palatal side of the ridge and across the heels. Reduce the width of the seal across hard areas to a narrow line, increasing it where tissue is more compressible; and also, of course, provide a careful muscle trimmed seal around the buccal and labial surfaces. Next it is important that the teeth be set over the ridges in balanced occlusion with the heaviest contact on the lingual cusps.-V. CLYDE SMEDLEY.

Inflamed Gingivae

Q.—Some years ago a woman came to me wearing vulcanite dentures. The soft tissues were bright red under the upper denture but not so much under the lower. She said her mouth burned all the time and I can well believe it. I thought her condition was caused by the rubber and I made her another set of dentures using acrylic. That was three years ago and today she came in with her mouth in the same condition that it was when I first saw her. She

Hawkes, L. A.: Roofless Dentures, THE DENTAL

DIGEST 39:326 (September) 1933.

has been to her physician but he does not seem to help her.

I am wondering if there is anything you can suggest that will help me out. If there is, I shall certainly appreciate it.—G. S. E., Ohio.

A.—I would suggest that this woman go entirely edentulous for two or three weeks or until her mouth tissue has been restored to normal. I would then make impressions and fit her mouth with new dentures with a highly polished metal base. It is important that a smooth surface be provided for tissue contact and that the denture be scrubbed frequently and kept scrupulously clean.—V. CLYDE SMEDLEY.

Radiolucent Area

Q.—I am enclosing roentgenograms of the lateral incisor and cuspid area of a man about forty-five years of age. The lateral incisor he had had extracted several years ago, and he says there was a fistulous opening on the lingual surface which cleared up after extraction.

It looks like a residual area on the left, but I am in doubt as to the exact location. Would you make the flap on the lingual or labial surface in removing this?—P. D. F., Nebraska.

A.—I am glad to have your letter and the roentgenograms of your case. I have had several similar cases in my own practice and one of the late Doctor Chalmers J. Lyons. Doctor Lyons warned his patient not to let anyone open into her apparently cystic area because, as a matter of fact, it was not a cyst. He had enucleated the cyst but instead of bone building back into the area it had filled with nonpathologic fibrous tissue which gave a radiolucent ap-

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pearance in a roentgenogram.

I am quite sure your case is in the same class and if you roent-genograph it from year to year it will have the same appearance. I have a case in which the radiolucent area is adjacent to a maxillary cuspid and it has not changed in twenty-five years. The cuspid is still normally vital. So I should advise you to do no operating for your case.—George R. Warner.

Procaine Reaction

Q.—Recently a man 39 years of age came to me for the removal of the upper right infected first molar roots, abraded second and third molars, and both lower central incisors. The extractions were simple. After inserting a sulfathiazole tablet in each socket, I dismissed the patient until the following morning.

When he returned he related the following: At 9:00 p. m. on the day of the extractions, he discovered he could not get his breath, although his nasal passages and throat were clear. He was gasping for air until midnight when he was rushed to a hospital. He was given an adrenalin injection. After several hours of rest he awakened feeling normal again. Physicians made a thorough examination and found him to be in excellent physical condition.

Several days later he came back to me for further extractions which I refused to do until he visited his private physician for another checkup.

His physician informed me that his heart and blood pressure were normal, he never had asthma or any other ailment, but ventured a guess that he may have suffered an angiospasm due to the procaine solution. He advised a general anesthetic for the extraction of the remaining teeth.

The patient advises me he has had other teeth removed with the use of

Do you think I should discontinue the use of procaine on this patient?—M. S., New York.

A.—Your case is most interesting and somewhat puzzling. However, I suspect it was a psychic reaction, considering the report from the physical examination. Your patient probably had a bacteriemia with perhaps spasm of the diaphragm. This frightened him and he became hysterical.

I should not be the least hesitant about using procaine for any subsequent operations. The only untoward results we have ever had in the use of procaine were from the adrenalin content or from a psychic reaction. — George R. Warner.

Flabby Tissue

Q.—I have a patient, a man, whose upper ridge is flabby. He has worn dentures for about five years and says this tissue has always been this way.

In your opinion what is the cause of this condition? Is there any way to strengthen the tissue?

Should a metal denture be used? What material should be used to obtain a good impression?

His lower jaw protrudes. How should the anterior teeth be set up, end to end, or inside of the lower anterior teeth?—A. A. H., Connecticut.

A.—When the tissue in the anterior part of the maxilla is flabby it has usually been caused by trauma. This often results from the upper denture occluding with lower anterior teeth that have been retained after the lower posterior teeth were extracted. In such a case the only way to secure a firmer base is to remove this flabby tissue surgically, which often I think is of questionable benefit.

I believe in most such cases it

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is best to make a mucostatic impression of this soft tissue and allow it to remain to help provide support and retention of the den-

An impression can be made, without compressing or distorting this soft tissue, by taking a plaster wash impression in a modeling compound lined tray with the compound cut entirely away over this flabby tissue and with a goodsized hole or several holes cut through the tray to permit the free escape of the soft plaster wash impression material.

In such a case as you have described it is usually best, I feel, to set the lower anterior teeth slightly anterior to the upper teeth.-V. CLYDE SMEDLEY.

Mandible Subluxation

Q.-Kindly send me a list of all of the causes of subluxation of the mandible.-J. K., New York.

A.—Doctor Sterling V. Mead⁴ gives the following answer to your question under Etiology: "Dislocations of the condyle may be caused by the forceful opening of the mouth in laughing, yawning, vomiting, dental operations, insertion of mouth gags, or from trauma."

While this would seem to answer your question specifically, I can say that we have had a number of cases of subluxation from loss of mandibular molar teeth. The condition is usually the result of loss of the teeth on one

'Mead, S. V.; Oral Surgery, The C. V. Mosby Co., 1933,

side although it may be from bilateral loss.

If you would like to go into the subject more deeply, I can refer you to Goodfriend⁵ Mayes. 6—George R. Warner.

Myasthenia Gravis

O.-A woman about forty-two years old complains of not being able to masticate her food with any vigor. She has had no loss of muscle tone in any other area. This condition has developed within two months and she has no record of any previous disturbances such as surgery or extractions. I should appreciate your advice.-H. P. S., New York.

A.—Muscular weakness, known as myasthenia gravis, often starts in the muscles of mastication. It is, therefore, important that your patient have a thorough physical examination, for if she has myasthenia gravis treatment should be started as soon as possible. -GEORGE R. WARNER.

Discolored Teeth

Q.-A patient, age 22, came to me recently with a complaint that his teeth were changing color, becoming "spotty" and yellow in appearance. The patient testifies that whenever he has a cold, this color change occurs. Could you explain this strange phenomenon?-P. E. S., California.

A.—I have a woman patient who claims that her teeth vary in shade from day to day or because of how she feels.

This is the only such case of

⁸Goodfriend, D. J.: Symptomatology and Treatment of Abnormalities of the Mandibular Articulation, D. Cos. 75.844.852 (September), 947-957 (October), 1106-1111 (November) 1933, ⁹Maves, T. W.: Repositioning of the Mandible Relative to the Temporomandibular Joint, Correcting Cases of Subarthrosis and Dysarthrosis, 1A D.A. 90.763 (May.) 1935.

J.A.D.A. 20:763 (May) 1935,

which I have ever heard and I have been of the opinion that this particular person is a neurotic with an unreliable imagination.—
V. CLYDE SMEDLEY.

Throat Abscess

Q.—I have a woman patient about sixty-eight years old for whom I constructed an upper full acrylic denture. At no time has her denture needed any adjustment and she was a satisfied patient.

The other day when she came to my office she had a large swelling in her soft palate which was ready to be lanced and drained. She had a heavy cold and said she noticed the swelling at the onset of this present cold. She has had a history of a sinus condition. I diagnosed the swelling as an abscess and referred her further to an eye, ear, nose, and throat specialist. He also diagnosed it as an abscess and told her it resulted from her upper denture.

This I cannot accept since the denture, during the five years she had been wearing it, had never caused any pressure spots, nor in any way irritated or broken the mucous tissue.

From this description, do you think that the denture was at fault?—C. A. B., Illinois.

A.—I agree with you that it does not appear possible that this throat abscess could be caused by the upper denture that has been worn for five years with entire comfort.—V. CLYDE SMEDLEY.

SO YOU KNOW SOMETHING ABOUT DENTISTRY! ANSWERS TO QUIZ X

(See page 1212 for questions)

- (e) palladium. (Tylman, S. D.: Crown and Bridge Prosthesis, C. V. Mosby, page 686)
- 2. (a) Hartman.
- 3. These mold numbers equal the combined mesiodistal width of the upper two bicuspids and two molars. (Miller, R. G.: Synopsis of Full and Partial Dentures, C. V. Mosby, page 111)
- (c) 175 pounds. (Tylman, S. D.: Crown and Bridge Prosthesis, C. V. Mosby, page 163)
- 5. (a) .cementum. (Kronfeld, Rudolf: Histopathology of the

- Teeth and Surrounding Structures, 2nd Edition, Lea & Febiger, page 216)
- True. (Thoma, K. H.: Oral Diagnosis and Treatment Planning, 2nd Edition, Saunders, page 347)
- 7. (c) December 3, 1834. (Taylor, J. A.: History of Dentistry, Lea & Febiger, page 175)
- 8. (a) pontic.
- (c) either radiolucent or radiopaque areas. (McCall, J. 0. and Wald, S. S.: Clinical Dental Roentgenology, Saunders, pages 243-255)
- 10. Richmond crown.

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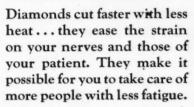
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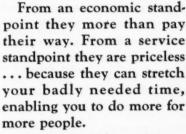
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Pfanstiehl Diamond Dental Tools have stainless steel shanks and will not rust or corrode.







Ask Your Dealer NOW!





FANSTIEHL CHEMICAL CO.

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Laffodontia

"Mabel, who broke that chair in the parlor last night?"

"It just collapsed all of a sudden, Dad, but neither of us was hurt."

"How long have you worked for your present boss?"

The applicant for work gulped and said, "Why, er, ah, ever since he threatened to fire me."

Gwendolyn: "I had a date with a general last night."

Madeline: "Major general?"
Gwendolyn: "Not yet."

War does not determine who is right
—only who is left.

There is an island near the Japanese coast named Haha. Let's save that for the last laugh.

The man who invented slow motion movies got his idea while watching a Scotchman reach for a restaurant check.

Stude: "I'm indebted to you for all I know."

Prof.: "Oh, don't mention such a mere trifle."

Irate Wife: "I want an explanation and I want the truth."

Husband: "Which do you want first?"

A philosopher is a guy who can look an empty glass in the face and smile. In the days of the 'Forty-Niners, in California, a Scotsman who maintained the reputation of his brethren for thrift, made a moderately rich strike and came to town on a Saturday night to celebrate.

Under the mellowing influence of alcoholic beverages he finally staggered to the bar and in a loud voice called: "When I drink, everybody drinks!"

With a grand gesture, he summoned all to join him—customers, waites, singers. Everybody took a drink. Then Sandy incredibly ordered again. "When I take another drink," he said woozily, "ev'body takesh 'nother drink." So again all gathered round.

As he finished his second drink, Sandy cautiously took a dollar from his pocket, slapped it on the bar.

"When I pay," he said thickly, "ev'ybody paysh!"

Dancer: (a little rusty) "This floor is so slippery that one can hardly keep on your feet."

Partner (sarcastically): "Oh, did you really mean it? I thought it was accidental."

This manpower shortage is really coming to a crisis. Our neighbor's bey was recently enticed to the window by a companion who inquired, "Hey, Bill, ain't you comin' out t' play?"

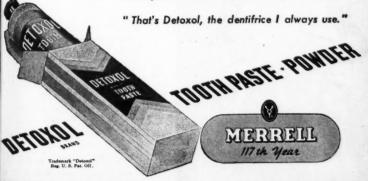
"No," said Bill, regretfully. "I can't make it. I have to stay in and help Dad with my homework."





"MY PET PATIENT," writes Dr. G. B. S., "considers himself a Wolf. My curvaceous assistant has so far turned all his advances into retreats, but though often rebuffed he is never discouraged.

"When not making passes, however, he shows a surprisingly high I. Q. Told that only one dentifrice contains sodium ricinoleate to peptize the adherent mucin and make it more readily removable with a brush, he said,



THE WM. S. MERRELL COMPANY,

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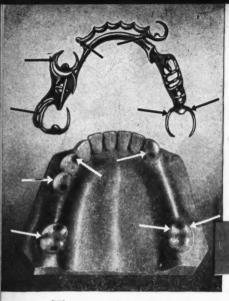
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As indicated by the six arrows, this case is positively braced against lateral motion in both directions. Six oc

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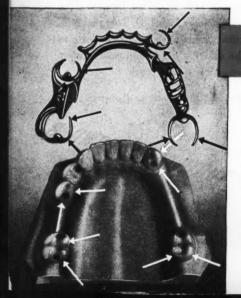
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Bracing

The problem of designing this lower partial was complicated by the peg-shaped right cuspid which has no natural retention. Following out Surveyor System principles as explained in the Ney Surveyor Book, this difficulty was overcome by giving the model a right lateral tilt in addition to a posterior tilt. This produced retentive undercuts on the labial and disal of the peg-shaped cuspid, making it possible for a Back-Action Clasp to function properly. Because of the abnormal lingual drift of the left second bicuspid, a "reverse" rather than a regular Back-Action was indicated.



Retention

The arrows indicate the eight points of definite retention against dislodgment of the denture.

We will be glad to send copies of the Ne Surveyor Book and the Ney Partial Dentu Book on request. Six occlusal rests support the denture against movement tissueward.



Support

This combination of anterior clasps does not provide sufficient bracing against lateral movement to the left, but this is taken care of by the added vertical strut and rest on the first kuspid, plus the continuous lingual clasp. The right lateral tilt straightens up the right molar so that it presents a #1 Clasp indication, and increases the lingual tilt of the left molar to a Ring Clasp indication.

The difficult clasping conditions presented by this case are ideally suited to the special qualifications of Ney partial denture golds—strength, toughness and resiliency.

NEY-ORO G-3

Unit price \$2.00 per dwt.

PALINEY # 4

Unit price \$1.25 per dwt.



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PARTIAL DENTURE GOLDS

QUALITY IN MATERIALS TO MATCH EXCELLENCE IN DESIGN

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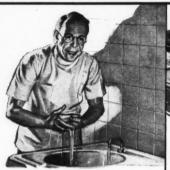
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Dentists shouldn't be bothered-

by these common discomforts



SORE, CHAPPED HANDS can be a nuisance, but just try using Noxzema! It soothes, softens the rough dryness, helps heal the tiny "cracks."



BURNING FEFT. Greaseless Noxzema vanishes almost at once, doesn't stain socks; brings grand, cooling, soothing relief to tired, burning feet.

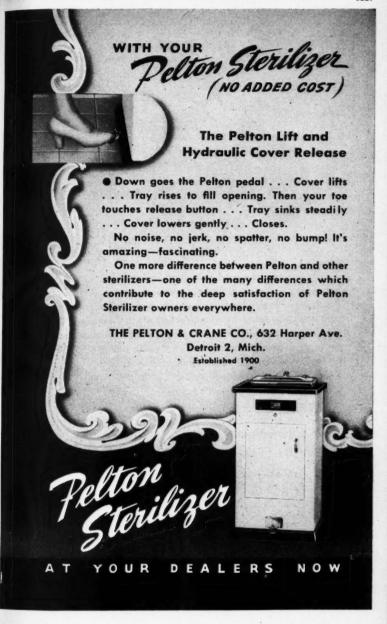


SHAVING IRRITATION. Try Noxzema Specially Prepared for Shaving! See how it softens tough beard, soothes, helps protect tender skin.

SCORES GET QUICK, SOOTHING RELIEF

this easy way!

• Medicated Noxzema has brought thousands quick, soothing relief from common, externally-caused skin irritations. Try it for painful chafing, minor insect bites, too! For your information, Noxzema is a modernization of Carron Oil, fortified by adding Camphor, Menthol, Oil of Cloves and less than ½% of Phenol in a greaseless, solidified emulsion. Its reaction is almost neutral, the pH value being 7.4.



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Common sense (and a firing squad) would prevent this from ever happening . . . but what about patients who unknowingly "sandpaper" expensive dentures by harsh cleaning methods? • Farsighted dentists prevent this by recommending Wernet's Dentu-Creme and Dr. Wernet's Plate-Brush, Dentu-Creme is designed specifically for clean-

ing artificial teeth. It's safe to use on the most delicate of denture materials . . . and cleans quickly and thoroughly. Dr. Wernet's Plate-Brush, with wired-in natural bristles, divided tufts, and rigid handle, is built to provide highest cleansing efficiency. • Available at all drug stores.

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Dr Wernet's

One Sittle Pinch!



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CORRECTLY
Colors a Whole
Denture . . .

Only place to correctly measure denture color is IN THE MOUTH.

Years ago, Kerr Research established this principle. On its sound common sense is based the color formula which makes the new Kerr Crystolex 102 so outstanding a match for normal mouth tissue.

Dry and in a strong light, a Crystolex 102 denture may seem less livid than you expect. And it is. There's hardly a pinch of color—only a few milligrams—in it.

But just place this Crystolex 102 denture in your patient's mouth. There, moistened, shaded and without reflected light, it blends into the surrounding tissue and becomes part of it.

For good fitting dentures — physically AND AESTHETICALLY, standardize on this new quality acrylic.

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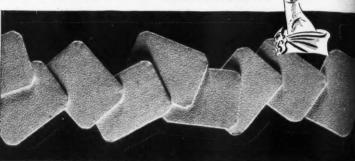
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G-E Dental Film employs Universal and Lightning emulsions—long famous for the excellent results they make possible—long available only in G-E Bolin rubber-packet dental films.

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- 1 Crystal Powder
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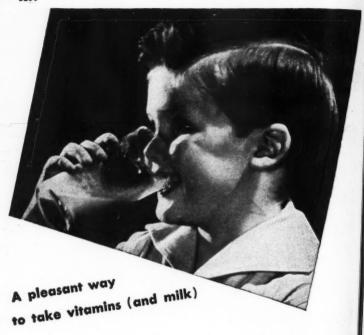
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Translucence—the living quality of real teeth. **Color stability**—ageless coloration for a lasting match.

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Hue-lon technic is precise and easy. Inlays can be processed in the dentist's own office. For dimensional accuracy and all-around satisfaction ask your laboratory to use Hue-lon on your crown and bridge cases.

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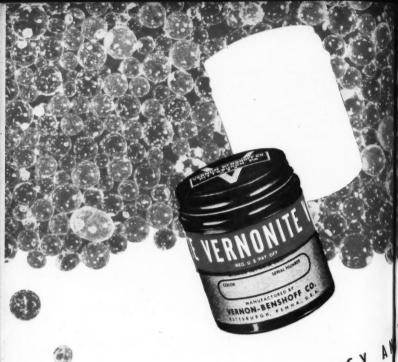
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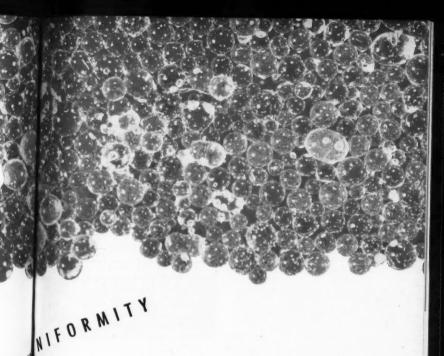


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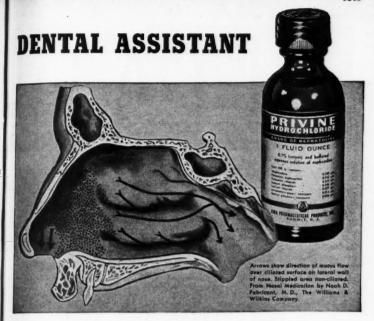
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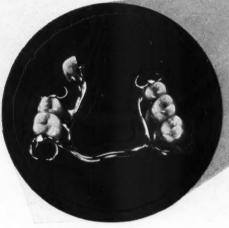
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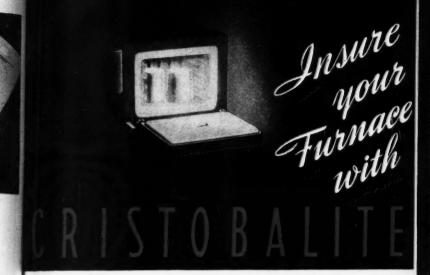
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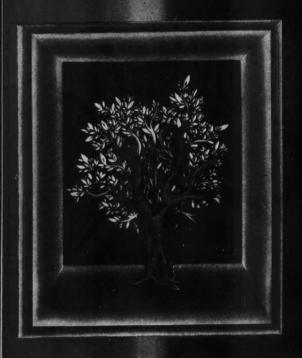
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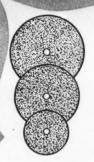
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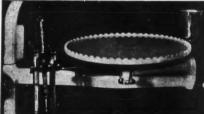




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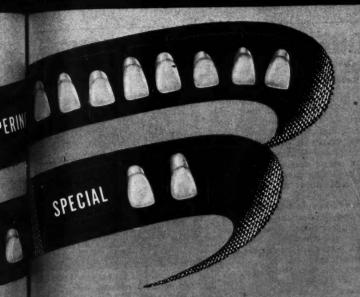
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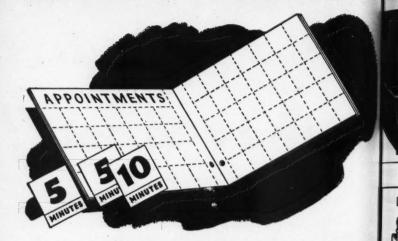
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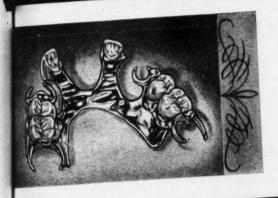
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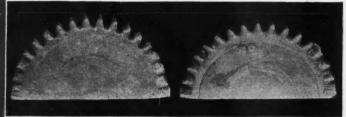
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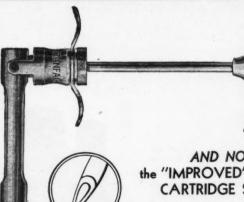
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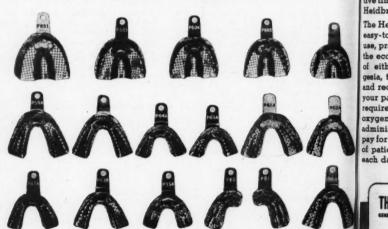
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Made especially of aluminum with properly spaced holes of the right size, Crescent Perforated Trays retain hydrocoloid impression material to the best advantage. They are stiff enough for any impression purposes and still soft enough to be bent in any shape or cut with ordinary plate shears for special cases.



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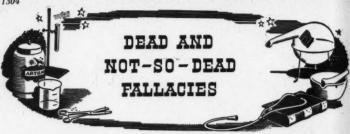
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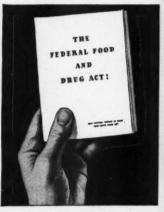
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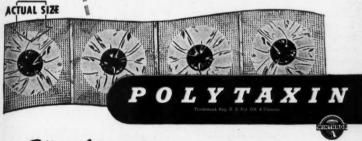
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Patients with localized symptoms in the mouth which reflect a general, metabolic disturbance often have a history of defective dietary intake. In such instances the indication is to prescribe a vitamin preparation containing adequate amounts of the essential nutritive factors in each dosage unit.

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The Clipper is mobile. You don't leave the patient's side. Just pull the cabinet to your scope of work . . . it glides on easy-rolling casters.

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The same ordinarity consumed in grinding in your denture cases can new be put to more valuable use. The "35", dimensional change is reduced to multiplie minimum. That's why Densene "33" the sate, with you have little or no milling or grinding in at the chair why your patients can enjoy the great context that such accurate adaptation resures! Apportance? Doctor, it is amazing to lifetible to commendably deceptive.



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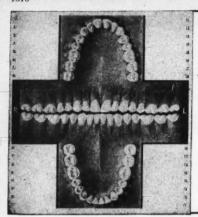
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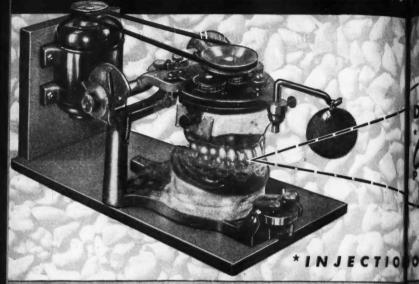
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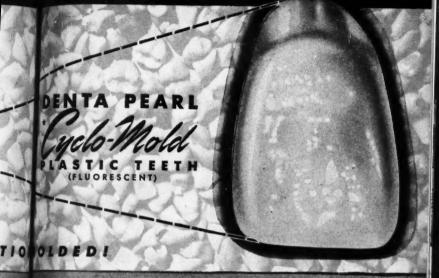
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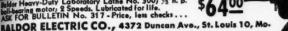
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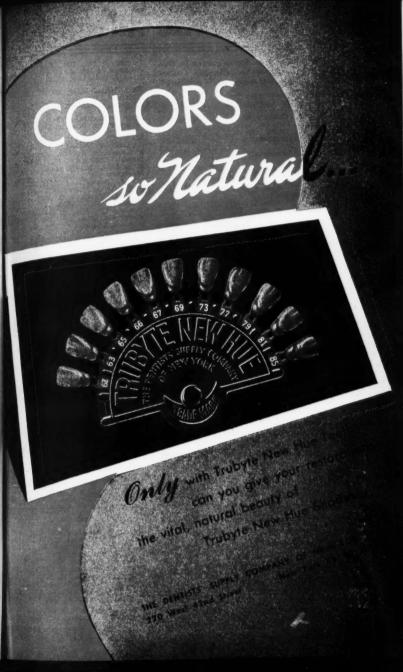
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For Socket Insertion or Saddle Contact



- Fig. 1. For socket insertion the root-ends are of the approved length. They require only slight shaping to fit the socket.
- Fig. 2. for saddle contact a minimum of grinding adapts them to the ridge.

You can provide the highly desirable all porcelain tissue contact for stationary bridgework with Trubyte New Hue Pin Pontics.

The combination of Trubyte New Hue shades, translucent, fluorescent porcelain and a variety of forms enable you to create with Trubyte New, Hue Pin Pontics the effect of living teeth.

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Co., Inc.

THE DENTISTS' SUPPLY COMPANY OF NEW YORK 220 West 42nd Street New York 18, N. Y.

NO GUESSWORK WHEN REPROCESSING ILL-FITTING DENTURES!

For years many dentists have made unsuccessful attempts to reprocess illusurcessful attempts to reprocess illustrated dentures. Their failures were due to the use of quick setting materials that did not possess the proper qualities.

Konformax Rebase is perfect for reprocessing. It is easy flowing, sets reprocessing and does not displace tissue.

Comiori, occlusion and retention are determined with denture in function for 24 hours (at least) or a much longer period. High spots and over-extended areas are easily discernible and can be relieved. If necessary, more Konformax Rebase may be added where indicated.

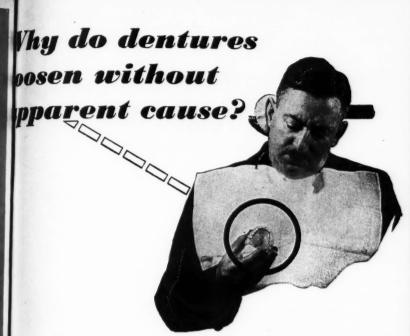
Most important, you continue the test until you have the patient's assurance that the denture is satisfactory in every way. Then you need not be apprehensive about the fit of the denture when you send it to your technician.

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A chief cause of this trouble for you and your patients has been eliminated. LUXENE 44 is not subject to harmful swelling from water absorption*; the result is the remarkable stability of LUXENE 44 dentures in the mouth.

Because of their stability LUXENE 44 dentures afford greater mouth comfort and rebasing has been reduced. As a LUXENE 44 Selected Laboratory, we have seen ample evidence of these facts. Specify LUXENE 44 for your next case and make your own comparison.

* For detailed data regarding the change in dimensions of denture base materials in water or saliva, see the A.D.A. Research Commission report, page 7, A.D.A., Journal, January 1942

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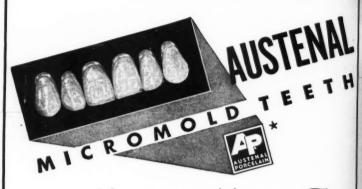


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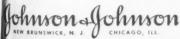


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EW ERA PROFESSIONAL UNIT. Glass dispensing ttle with convenient cut-off device, containg 100 yards of floss, 95¢. Same, with two rells, as illustrated, \$2.35.

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DENTAL DIVISION









The Publisher's Corner

By Mass

Number 290

LIVE EACH MINUTE WHILE YOU'RE IN IT

A piece in a recent Reader's Digest brought recollection of something an old friend told me years ago. The Reader's Digest article described folks who, when faced with a flock of different tasks, get all confused (me, for instance). The remedy the author advocated for this sort of mental uproar was pretty simple. Think of an hour glass, he said—an hour glass so constructed as to permit only a single grain of sand to descend at a time. Your day is really like that, he said; you have only one thing to do at a time, no matter how many other jobs there are to be done. Do them when you come to them; don't be stewing about them while you're doing the job at hand. Well, that's true enough and sound enough, although perhaps easier said than done.

The old friend I remembered when I read the article had offered much the same counsel. Although he

(Continued on page 1332)



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 By certain changes in formulation developed in Kerr Research and introduced in production several months ago, three noteworthy improvements have been made in the working qualities of that long popular material Kerr Impression Paste.

These improvements give this paste easier mixing, slower setting and more ready flow.

Your assistant can mix this new paste while you prepare your patient. You have more time to spend on your impression. And your impression will accomodate, without over-compression, the softest mouth tissue.

For completing impressions quickly, easily and precisely we recommend this unique material absolutely without reservation.

KERR DENTAL MFG. CO. Established 1891 Detroit 8, Mich.

THE PUBLISHER'S CORNER

(Continued from page 1330)

didn't put it that way, what he meant was living each minute while you're in it.

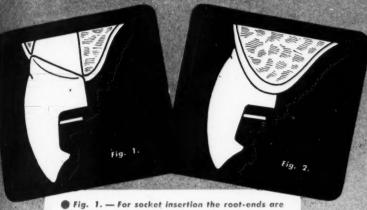
You can scarcely find fault with the principle, but if you're like me, your mind will keep scampering off to view with alarm the tough tasks ahead. Living each minute while you're in it is a good trick if you can do it. Many of the busy, overworked readers of this magazine, standing long hours at the chair, harassed by insistent patients who can't be cared for promptly, know all about this sort of thing. Your correspondent is a fine one to be telling you what to do about it. But it's good advice anyway; at any rate, it sounds good.

A while ago, a friend of mine was planning to move into new quarters a couple of months hence. He kept telling me about the troubles he thought he would encounter. One day, I asked him, "Are you going to move mentally every day until moving day?" That started him thinking, and he said it helped him some. It turned out, after all, that the moving was no great ordeal; most of his troubles didn't happen. The vans came promptly; nothing got busted; it didn't rain. He thanked me for the advice. But then he spoiled it all by murmuring softly, "Why don't you try it yourself sometime, Mass?"

TRUBYTE Pleu Hue PIN PONTICS

HYGIENIC - COMPATIBLE - EASILY ADAPTED

For Socket Insertion or Saddle Contact



- Fig. 1. For socket insertion the root-ends are of the approved length. They require only slight shaping to fit the socket.
- Fig. 2. For saddle contact a minimum of grinding adapts them to the ridge.

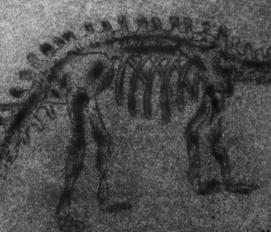
You can provide the highly desirable all porcelain tissue contact for stationary bridgework with Trubyte New Hue Pin Pontics.

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ADERER Golds possess distinctive qualities.

They insure dense, accurate castings which retain their full strength and fine resiliency

in prolonged mouth service.

These important properties are not deteriorated by the continuous flexing of the bars and clasps in usage.

Restorations of Aderer Gold can be depended upon to perform precisely, comfortably, as you intend them to during the entire life of the case.

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Many patients prefer the mild peppermint flavor of FASTEETH—so mild that FAS-TEETH is often described as tasteless. Flavor is important and the oil of peppermint has an analgesic effect—helps to prevent gagging.

Pleasant tasting FASTEETH is different, and your denture patients will notice and appreciate that difference.



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FOR EMERGENCY OPERATION"

Ship transfer on the high seas—that's just one of the hazards confronting the Navy surgeon.

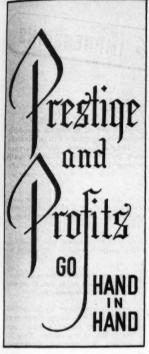
Yes, the medical man in the Navy—in any of the services—shares many of the same risks and same exhausting hours of duty as the man behind the gun. And, like any other fighting man, he enjoys a few minutes' relaxation with a good cigarette... very likely a Camel, for Camels are a fighting man's favorite around the world.

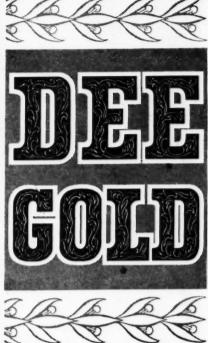
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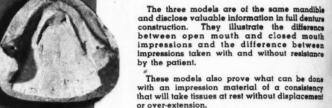
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Closed Mouth IMPRESSIONS



The top impression was taken with modeling compound and illustrates muscle resistance by the patient.

The second is an open mouth impression taken with a baseplate containing paste and illustrates semi-resistance and semi-compression.

The third impression was taken by the patient with an oversized baseplate using Konformax Impression Material. The patient's mouth was closed. Note the depth of the ridge. Note the crest of the ridge. No wonder Konformax Impression Material produces such accurately litting dentures!



Impression Material



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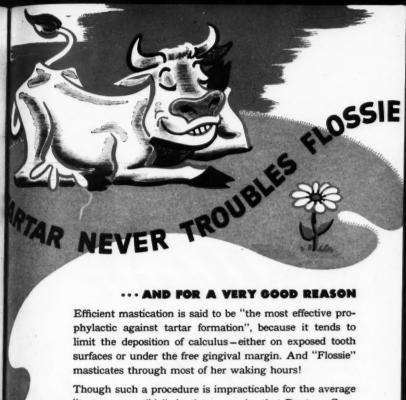
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Though such a procedure is impracticable for the average "tartar-susceptible", dentists recognize that Dentyne Gum affords a specially firm consistency to insure greater resistance for extra-masticatory effort.

That is why Dentyne Gum is recommended by so many dentists, and why its delightful flavor makes it a pleasant as well as a beneficial habit



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Prescribe the acrylic to be used in your restorations because prescribing will give you more complete control of your cases.

Prescribe S. S. White Denture Acrylic because it is a pure methylmethacrylate resin developed solely for processing dental restorations. It contains no plasticizer or other substance that will tend to limit the functional and esthetic life of restorations. It has a tissue pink color that looks well in and out of the mouth and which defies detection at conversation range.

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One unit \$1.60

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We take particular pride in this evidence of continuing public appreciation of the high standard which we have always maintained for our products, Arm & Hammer Baking Soda and Cow Brand Baking Soda (Pure Bicarbonate of Soda).

Both are familiar products to the dental profession. They are good tooth cleansers, are among the dentifrices acceptable to the Council on Dental Therapeutics. They are helpful in the laboratory to clean and protect costly instruments and equipment.

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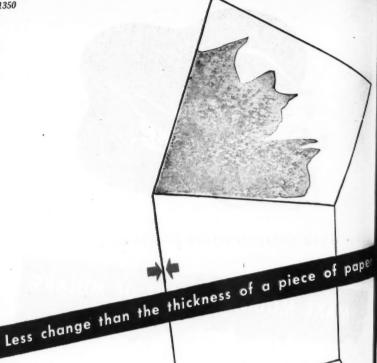


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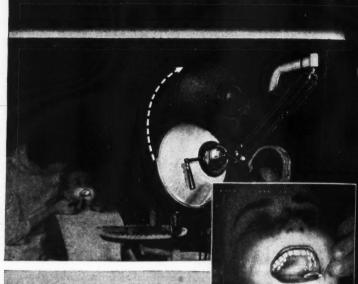
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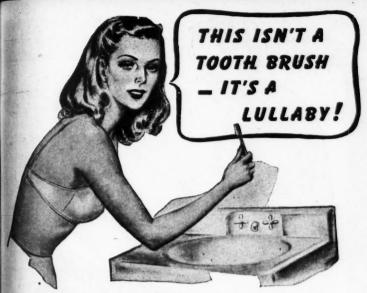
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Miss Typical Patient doesn't skip her nightly brushing. Oh nol... her conscience would keep her awake. So she slips the tooth brush into her mouth and races through the motions—the wrong motions.

What so many patients fail to realize is that correct tooth brushing is exacting. So to make scientific brushing easy, many dentists recommend the D. D. Tooth Brush to their patients.

The ingenious twisted-handle of the D. D. Tooth Brush facilitates proper placement of the brush on the teeth . . . almost automatically insures desirable rotary motion. Leading periodontists acclaim the non-skid thumb rest which permits easy control of the compact brushhead for gentle, non-traumatizing gum massage.





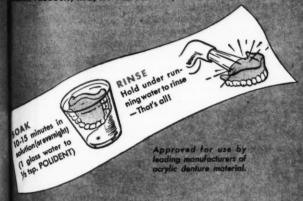
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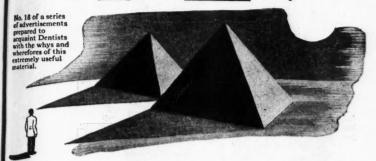
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